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3. Every such case, as soon as reported, will be immediately visited by the city health officer, or his accredited medical agent, who shall report to the health officer; and the said mosquito netting shall be kept over the patient until permission is given by the city health officer or agent, in writing, for its removal.

4. If the health officer considers the case suspicious of yellow fever, unless the diagnosis of yellow fever is positively excluded, he shall place a guard at the house to see that the mosquito netting is kept over the patient.

5. A house to house inspection must be immediately organized. The city should be divided into twenty or thirty districts and a lay inspector appointed for each district, whose whole time shall be given to the inspection. Of first importance is the discovery of cases, but report of inspector should include sanitary conditions, particularly as regards water barrels and other places where mosquitoes might breed. Each inspector should go over his whole district daily, Sundays included.

6. Fumigation to destroy mosquitoes should be made for all such fever cases as in the opinion of the health officer require it. This shall not only include the houses containing such cases, but such adjoining premises and houses as the health officer may indicate.

7. Blank forms should be furnished the inspectors who make the house-to-house inspection, and these forms should also contain a blank space for reporting on the cisterns and water barrels, etc., whether the same are covered to prevent the breeding of mosquitoes.

8. An ordinance should be passed inflicting a fine upon householders on whose premises the larvæ of mosquitoes are found, at the same time the ordinance should require all water containers to be so screened or treated with petroleum as to prevent the breeding of mosquitoes. Notice should be given that any householder unable to provide the necessary covering or petroleum will have the same furnished upon application to the Public Health and Marine-Hospital Service.

9. On the report of the inspector showing that any of the above requirements have been neglected, the health officer will immediately remedy the defects and report the cases to the proper legal authority for prosecution. The health officer shall have power to suspend the penalty in his discretion if the defect complained of is immediately remedied.

10. When in the opinion of the health officer a case suspected of being yellow fever can not be efficiently screened and treated at the patient's home, the health officer shall have power to transfer the patient to a properly screened fever sanitarium.

[Telegram.]

MARCH 22, 1904.

Dr. L. W. COCK, *San Marcos, Tex.:*

Proceed immediately to Laredo and report to Frick, until arrival of Richardson; then report to him.

WYMAN.

INSPECTION SERVICE, MEXICAN BORDER.

Inspection at Eagle Pass, Tex.

Acting Assistant Surgeon Hume reports, March 12, as follows:

	Week ended March 12.
Persons inspected	219
Persons held	0
Pullman cars fumigated	7

Inspection at El Paso, Tex.

Acting Assistant Surgeon Alexander reports, March 14, as follows:
Week ended March 12, 1904.

Mexican Central passengers inspected, 217; Raymond and Whitecomb excursion inspected, 102; Mexican immigrants inspected, 74;

Syrian immigrants inspected, 6; Mexican laborers imported in bond inspected, 107; inspection certificate of death of corpse imported in hermetically sealed box, 1; disinfection of soiled linen imported for laundry, 419 pieces; vaccination of children of immigrants, 11.

Statistical reports of States and cities of the United States—yearly and monthly.

CALIFORNIA—*Oakland*.—Month of February, 1904. Estimated population, 83,000. Total number of deaths, 77, including enteric fever 2, and 8 from tuberculosis.

CONNECTICUT.—Reports to the State board of health for the month of February, 1904, from 167 towns having an aggregate estimated population of 946,830, show a total of 1,384 deaths, including diphtheria 19, enteric fever 8, measles 9, scarlet fever 6, whooping cough 13, and 116 from phthisis pulmonalis.

FLORIDA—*Tampa*.—Month of February, 1904. Estimated population, 23,000. Total number of deaths, 37, including enteric fever 1, and 5 from tuberculosis.

ILLINOIS—*Belleville*.—Two weeks ended March 12, 1904. Estimated population, 19,000. Total number of deaths, 19, including enteric fever 1, and 3 from phthisis pulmonalis.

Rockford.—Month of February, 1904. Census population, 31,051. Total number of deaths, 46, including scarlet fever 1, and 4 from tuberculosis.

MICHIGAN.—Reports to the State board of health, Lansing, for the week ended March 12, 1904, from 77 observers indicate that gonorrhoea, phthisis pulmonalis, pneumonia, scarlet fever, smallpox, inflammation of bowels, remittent fever, and puerperal fever were more prevalent, and intermittent fever and meningitis were less prevalent than in the preceding week.

Meningitis was reported at 2, whooping cough at 12, diphtheria at 39, enteric fever at 44, pneumonia at 71, measles at 77, smallpox at 78, scarlet fever at 85, and phthisis pulmonalis at 214 places.

MINNESOTA—*Duluth*.—Month of February, 1904. Estimated population, 70,000. Total number of deaths, 60, including diphtheria 1, enteric fever 1, and 6 from tuberculosis.

NEW HAMPSHIRE—*Concord*.—Month of February, 1904. Estimated population, 20,000. Total number of deaths, 37, including 1 from tuberculosis.

Manchester.—Month of January, 1904. Estimated population, 60,000. Total number of deaths, 104, including diphtheria 1, enteric fever 3, whooping cough 1, and 6 from tuberculosis.

Month of February, 1904. Total number of deaths, 96, including diphtheria 1, scarlet fever 1, and 12 from tuberculosis.